

# ST. BARTHOLOMEW'S



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### DON'T SHOOT THE PIANIST

An embarrassing amount of press publicity has been given to the recent remarks of the Moran Committee\* about that long-suffering and long-suffered creature, the Medical Student—or as Bernard Shaw would have it, "of the lowest form of life."

A sizeable section of the public still looks upon every medical student as a twentieth-century Benjamin Allen or Bob Sawyer, which view we consider more tragically ironic than degrading. Now these good folk open their morning papers to discover the medical schools of the country are stocked with a creature that "tends to lack curiosity and initiative; his powers of observation are relatively undeveloped; his ability to arrange and interpret facts is poor; he lacks precision in the use of words." The statement following on this, that these chaps have "neither the character nor the ability to make good doctors" presents something of an anti-climax. The description as it stands would be an under-estimation of a collection of Mental Deficients.

These authoritative conclusions about medical students with which the public were so eagerly presented had been snatched by the newspapers out of their context, an action against which Lord Moran mildly remonstrated in the *Daily Express* the day after their publication. The public have not had the opportunity to realise that, firstly, the Committee is speaking relatively, with regard to the high importance of these qualities in medicine; secondly, that the responsibility for these defects is chiefly laid on the student's training; and thirdly, such students as lack the character and the ability to

become doctors are more to be sympathised with than criticized, as the blame lies on the present system of recruitment that permits them to wander into a medical school (*Para. 12*). In short, if the medical student is an admitted social liability, the fault is at least environmental rather than hereditary.

In order to attract enough of the right men to medicine in the future, the Committee urges that the cost of medical education be lessened and the rewards for its completion increased, the exact opposite of which has recently been achieved by the rising cost of living and the White Paper respectively. Having thus collected a large enough number of recruits, the Committee (*Para. 9*) recommends "that a small body experienced in the assessment of character and ability" should deal with all the young aspirants to differentiate the sheep embryos from the goat embryos. Not only should this body have the sole right to grant entry into the medical profession, but it should control the allotment of the increased number of scholarships as well.

We all know that examiners are not infallible beings, but in comparison with selection committees they are practically automotons. J. L. Brereton in his "Case for Examinations" explains very fully and convincingly the advantages of the present examination system, and his observations rest on fourteen years' experience as a full-time examiner. Dr. Joad, in reviewing this book, made a point of emphasising the frailty of human selection boards if employed as a substitute for the traditional "Exam." He believed that however much an open mind the members of these boards attempted to maintain, some of the candidates could not fail to make an unfair, and really

\* Report of the Planning Committee of the Royal College of Physicians of London on Medical Education, 1944.

irrelevant, good impression by reason of their appearance and demeanour at the interview, and vice versa.

The report states that the assessing committee should have "all the information concerning the past record of the student, including his academic achievements, and a report from his schoolmasters on his ability, promise and character." It would be easy enough to form a fair idea of the candidate's academic ability from his school examination record, but the reports from his teachers might quite likely, and understandably enough, be coloured by the personal likes and dislikes of the individual masters. Anyway, what points are the committee looking for in the prospective medical student? Presumably the qualities they maintain the present student lacks will be required, though it is difficult to see how they can be accurately judged on an interview and a headmaster's opinion. What else do they consider goes to make the character of the ideal doctor? It is interesting to wonder how many of our contemporaries would come up to scratch, or how many of our present consultants would have been rejected under such a scheme. Those of you who have read of the early life and personal disposition of John Hunter can imagine what sort of effect he might have had on an eighteenth-century assessment committee.

As medicine is to-day such a specialised and complex affair, and men can go on to become specialists in such varied sections as anaesthetics, radiology, rehabilitation and public health, it is difficult to visualise a character and outlook that would serve as a practical common denominator for every branch. The examination system contains many anomalies, and the suggestions of the Moran Committee are imaginative and backed by several sound arguments, but it seems

better, all considered, to leave entrance to the medical profession open to all men with the ability to pass the examinations.

To turn to the other reason for the apparently poor quality of to-day's students—the course itself, which the committee declares leaves the overwhelmed undergraduate "intellectually stunned." Later on the Report says (Para. 53): "In education we seek to train the student so that he can collect, analyse and interpret facts for himself, to observe and to understand what he observes." (Para. 55): In brief, we are (now) trying to compress a quart into a pint pot, with the result that the less important, or rather less urgent, is pushed out in favour of the more urgent, and the scientific approach to medicine is regarded as an impracticable ideal." And (Para. 98): "The examination . . . should rather discover the candidate's acquaintance with the general principles underlying his subjects, his grasp on the methods used in clinical enquiry, and his ability to form a judgment on the facts so elicited."

The JOURNAL has forestalled the Committee on these points. Under the title of "Intuition" our April Editorial said much the same, which conveniently spares our having to emphasise our agreement with these principles now.

The rest of the Report contains many excellent and mostly overdue suggestions for the reorganisation of the medical course. We have not the space adequately to comment on these in detail, which is not the real purpose of this article anyway. Its *raison d'être* is simply an understandable desire to vindicate the medical student a little, or at least to offer the Public the plaintive western request that they Don't shoot the pianist—he's doing his best.

## LE PLUS ÇA CHANGE . . . .

Now we must turn to what the termination of the World War is to mean to us as a Hospital and as a Profession. It should mean the beginning of greater things in our history, already truly great. It is not enough for us to rest on our past; we must consider the future. A true reconstruction does not mean the destruction of our heritage, but the building up on its sure foundation of an edifice which will be of still greater service to humanity. The ideals of our profession—both the medical and the nursing—are essentially scientific and humanitarian, and unless we keep these ideals always in the foreground, our reconstruction will be but an empty sham.

We shall have to "reconstruct" in our

Medical School, in our Nursing School, in Research, in Medical Practice, and in the new relations which are arising between our profession and the public. Let us therefore put our whole energy into the matter, and let us make ourselves worthy of the men and women who have set us so great an example in their unparalleled devotion and sacrifice.

Take now the drawbacks to the proposed system [a State Medical Service]. The first is the question of promotion. In every Government service the leading fact is seniority. The men are so uniform and have so little opportunity of being otherwise that selection is

extremely difficult. It is equally difficult to get rid of an incompetent. When selection is exercised it invariably gives rise to dissatisfaction. I heard the last lists of the R.A.M.C. freely discussed, and I was surprised at the amount of distrust that was exhibited. If that happens in a small body, what would happen in a body twenty times the size? What knowledge could the inspector possibly have of the real character of a man's work in practice, or whether he was doing it well or ill? Supervision in such matters would be a farce.

The second drawback is the bad effect upon a man's efforts which is exercised by possession of very moderate prospects, which he can hardly be deprived of, but can hardly hope to improve. A general practitioner has—and so you will have—an immense amount of the dullest work in the world, and there is no one who can tell whether he does it well or ill. What do you suppose will be the effect upon a man not naturally industrious (and how many of us are?), who, working out his attendances at an average of a few pence for each, thinks that he is paid too little, yet sees no prospect of getting more by working harder?

And akin to this is the effect upon the general level of the profession. At present we recruit from a very good intellectual class. Men feel when they come to us that the system is elastic and that there is room for a good man to make his way. If you turn it into a rigid organisation where the power of individual effort is reduced to a minimum you will get recruits no doubt, but they will be as a rule of a much lower class of mind. There are, no doubt, exceptions. I have known one or two. But the other is the broad rule, and includes the vast majority of men.

So far I have argued the scheme upon its merits. But in addition it is worth while to

think of the practical difficulties of putting the scheme into practice. It would be a proposal nothing less than revolutionary, and, as far as I can gather, would be opposed by the great majority of the profession.

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In his opening statement Col. Waring said it was impossible to divorce medical education from medical practice. The objects to be aimed at in medical reconstruction could be put in the following brief form: (1) To improve the education of students so as to make them more efficient for medical practice; (2) to improve the conditions under which medical practice is carried on; (3) to obtain the largest output of good work from medical men with the least expenditure of energy; (4) so to arrange the conditions of medical practice that the practitioner could have more time for recreation and more opportunities for bringing his medical knowledge up to date. He was assuming that it was not the intention of the State to create a whole-time medical service; the draft Bill did not foreshadow that.

He also made a plea for team work in ordinary practice. Practices should not be a one-man concern, but should consist of men with varied qualifications, so as to ensure thorough investigation for every patient.

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Perhaps it may disappoint some, but after very careful consideration our School has decided against throwing open its doors to women, in spite of the fact that it is recognised that they will have a very important share in the care of the health of the nation in the future. Several other well-known medical schools are, however, receiving them.

(Reprinted from the JOURNAL 1918-19)

## WHAT THE DOCTOR ORDERED\*

By RUBY M. AYRES

Yes, he did! At the same time giving me permission to say exactly what I please, so here goes! And for once in my chequered career I am about to write just what I choose instead of merely what I know will sell! So clear the decks boys, and prepare for action.

Well, to begin with, I don't like doctors very

much—not the professional side of them anyway—perhaps because most of the male members of my distinguished family have belonged to that revered and ancient order! My great-great-grandfather was a doctor on Nelson's flag-ship, and both my grandfathers, four uncles, two brothers-in-law, two nephews, as well as various cousins and other distant relatives have all followed in the steps of the Mighty, so if it is true that a prophet is of little value or account in his own country (or family) that

\* This article was written specially for the BART'S JOURNAL by Miss Ruby Ayres, the well-known novelist. Reproduction in whole or part forbidden without permission S.B.H. JOURNAL.

must be my excuse.

Let me, however, be quite honest, and admit that I have not suffered a great deal at the hands of either well-intentioned medicos or surgeons. In fact, my only two experiences are as follows. Firstly, when in my extreme youth I unwisely put out an irate hand in order to prevent the door of a greenhouse from being slammed in my face by a brother with whom I had had a desperate quarrel, with the result that the hand in question promptly went through the glass panel, lacerating my wrist, and severing what is, I believe, one of the most important arteries of one's anatomy. The doctor was sent for (a nasty old man whom I disliked intensely, chiefly because he had a bristly beard and a habit of sniffing instead of using his pocket handkerchief) and this gentleman promptly probed my unfortunate wound with a thing which looked like a bodkin, telling me when I protested that the injury was only what I deserved for not having more sense than to imagine glass to be unbreakable. He finally strapped my wrist with something which appeared to be cement, which several days later he brutally hauled off to see how the wound was progressing, thereby making it once more bleed profusely. I must, however, in justice to he of the Bristly Beard, admit that it finally condescended to heal, although to this day my undoubted beauty is still marred by a half-moon scar which invariably turns blue when the weather is cold.

My second, and much more recent experience was an operation for the removal of some objectionable things known as TONSILS. I have always suffered from headache, and as far back as I can remember, there has been an underground conspiracy on the part of THE PROFESSION to have those tonsils removed. However, until recent years, I managed to escape the clutches of the GESTAPO until, following a particularly bad spell of pain (always at the back of my cranium) I consented to visit a GREAT SPECIALIST who shall be nameless. He declared that the removal of the two throat incumbrances (though why they should be called by that name considering we are all born with them, I cannot imagine) would effect an immediate cure, but being rather a Didymus, I refused to make a date, and strictly on the Q.T. I paid surreptitious (and very expensive) visits to three other experts. Only one of them held a different opinion from his confreres, and he graciously told me, "I'll take them out if you wish, but it won't stop the headache"—for which piece of most unexpected honesty I thanked him with supreme

gratitude. But for once in my chequered career I allowed myself to be over-ruled by the FAMILY (the last occasion) with the result that *out* came the incumbrances and I spent two of the most miserable weeks of my life in a Nursing Home (also at great cost).

During that time, dear readers, I was entertained by the nurses with the accounts of their various love stories (the hero in most cases being one of the medical profession) and was told that they would all make the most wonderful, best-selling novels. Frankly, there was nothing new or surprising about any of them, and my own imagination could have invented something far more worthy of print and paper, but it helped to pass the time away, and I finally rose from my bed of sickness and staggered home. So that was that! But although I still have headaches, I was, during my durance vile, cured of an incipient fancy for a General Practitioner, and definitely decided that as life companion of a doctor I was totally unfitted to cope with a continual ringing of the telephone, and the necessity to live in an atmosphere of unwilling patients.

And now—as by this time I am sure those of you who have gallantly struggled to read so much of my out-pourings, are heartily sick of them—let us—as the great Professor Joad puts it—turn to another subject. By the way, speaking of the Great Professor—why doesn't the Brain Trust put more humour and interest into their diatribes instead of giving one the impression that it is purely a personal party, and that as long as they themselves enjoy their alleged witticisms, it doesn't matter a jot how bored the ordinary listener (if any) may be?

Incidentally, didn't they miss the chance of a lifetime when some questioner enquired whether they considered that during the past few years there was any colossos which could justifiably be added to the Seven Wonders of the World—nobody had the brains or insight to mention the Prime Minister?

Yes, I am one of those to whom Winston can do no wrong, and the chief reason why I should like to re-visit this Earthly Paradise, say, in a hundred years' time—is to hear what posterity will say about him. Of course there are several other of our present ministers whose After-Death Biography would also considerably interest me, but I hardly imagine they would be altogether complimentary!—not if I were given the job of writing them, anyway!

Please don't run away with the idea that I know a thing about Politics, or that I envy Lady Astor or any other woman who now and then puts in a trite remark when Parliament is



"sitting" and laying an egg which occasionally turns out to be addled—but, seriously, it does appear to me that one of the surest ways in which to maintain a war-free world in the future will be to have more women in control of the country. I don't mean just any woman who gets elected by virtue of influence or money, or by other subtle means of vote-catching, but sensible, perhaps quite *ordinary* women who, because they know how to run both their lives and their homes with true efficiency, could also help to run this great and unconquerable Empire on the same lines.

It is, let us admit, the women who suffer most when bloodthirsty, half educated savages plunge the world into war, and therefore, because women hate cruelty and suffering and the slaughter of their men-folk, they could undoubtedly be trusted to see that such savagery should never again be permitted.

With women, far more than with men (even with the Medical Profession!!!!) prevention is infinitely better than cure. The ordinary, capable housewife, for instance, if she suspects a coming shortage of necessities, will lay in an adequate supply, and if she scents danger, she will prepare to meet it, or better still to avoid it, and therefore she could be trusted, if given the power, to see to it that never again does

Great Britain find herself in a state of unpreparedness against such arch criminals as the descendants of Attila the Hun.

Well readers, if any!—that is the end of the news, but here is an announcement, and it was told to me by a famous Harley Street gentleman, so if you are slightly shocked, blame him! A certain specialist had a talking parrot which was always kept in his consulting room, but one fine day that holy of holies was due for its annual spring-cleaning, and the bird was removed to the dining-room. There was a dinner-party that night—nine courses, and vintage wine, and what-not—and just as the meal was drawing to a satisfactory close, and the host and his guests were finding conversation less easy on account of their well-filled stomachs, a sudden silence fell upon the assembly which was broken by a solemn voice from the parrot-cage in the corner, saying in exact imitation of his celebrated owner—

"And now—what about the bowels?"

And that is the end of the news! I won't give you the headlines because I can't find any, but just in case you have forgotten the all-important fact, and are in danger of falling asleep—this is Ruby M. Ayres saying "Good-night Children."

## GENERALISED HYPERIDROSIS

By E. LIPMAN COHEN, *Captain R.A.M.C.*

Chronic sweating of the extremities and general sweating in certain diseases are both common. Ormsby and Montgomery (1943) give nineteen causes for "general sweating," severe chronic generalised hyperidrosis without apparent cause is rare.

### CASE REPORT

An English Jewish soldier, age nineteen, complained of profuse sweating all over. He had suffered from this disability since childhood and, in winter, the chill resulting from the evaporation of the sweat was sufficient to cause colds. His mother was similarly, but less severely, affected.

He was of average build and was, apart from the sweating, healthy. Sweat dripped from him constantly; his face was always covered with beads of it. The sweat was colourless and odourless and could be collected easily by holding a test tube at his elbow. He stated that the sweating was much worse when he was nervous or excited and was slightly worse in hot weather.

### Investigations—

Blood W.R. and Kahn negative.

B.S.R.—8 mm./hour.

Blood sugar curve—60/100/110/100/60/50.

B.M.R.—+2%.

PH of sweat—8 (estimated on two occasions).

Chlorides in sweat (as Na. Cl.)—2.8G%

Na. Cl. in urine in 24 hours (i) 17.3G  
(=1.52%) (ii) 13.6G.

After giving 17 G of sodium chloride by mouth, Na. Cl. in urine in 24 hours—28.8G.

*Psychiatric Report.*—"This man comes from a family in which there is a definite history of psychopathic instability. At home he had few interests apart from music and found it difficult to make friends . . .

He is a young man of average intelligence, extremely nervous in manner. He is shy, timid and easily scared and far too dependent upon his mother and home."

He was given tinct. belladonna in increasing doses; very slight improvement resulted. One side of the body was swabbed with a 10 per cent. aqueous solution of sodium hexa-metaphosphate and the other side with tap water from a similar bottle; this gave no improvement on either side.

#### DISCUSSION

I have been unable to find a similar case-report in the literature. "Intermittent Hypothermia with Disabling Hyperidrosis" (Hines and Bannick, 1934, Hoffman and Pobirs, 1942) seems to be a different condition; in it the patient is obviously ill and has attacks of lowered temperature. In the case of the man, age 77, described by Myrtle (1885), who appeared to die of hyperidrosis, the sweating occurred intermittently in attacks which started and stopped suddenly.

Kuno (1934) and his colleagues have investigated many of the factors in human perspiration. He states that there are two types of sweating—"thermal" and "mental." "Thermal" sweating is universal except for the palms and soles. "Mental" sweating occurs on the palms and soles. The axillæ sweat in both types. The youth described is peculiar in that his sweating was truly universal; his palms dripped as freely as his face and trunk.

The chloride content of sweat has been estimated by many workers with varying results. A selection of their results is given in the table; in all cases their figures have been converted into Na. Cl. G %.

All of them induced sweating by heat except Barney (1926) who used injections of pilocarpine.

Author	Sodium chloride G%
Hunt (1912) ... ..	0.18 —0.21
Kittsteiner (1913) ... ..	0.13
Moss (1923) ... ..	0.118—0.325
Barney (1926) ... ..	0.88 —0.469
Talbert & Haugen (1927) ... ..	0.71 —1.07
Mosher (1933) ... ..	0.65 —0.99
McSwiney (1934) ... male	2.65 —5.01
female	3
Peck et al. (1939) ... ..	0.7

The chloride content of the sweat in the

case described is much higher than any of these figures except McSwiney's. Hunt (1912) and Kittstenier (1913) have shown that the chloride content rises with increased secretion of sweat. It was thought that the high chloride content might be compensatory for some failure of urinary excretion but this was found to be satisfactory. According to Talbert and Haugen (1927) the chloride contents of sweat and urine are not related.

Mosher (1933) gives the Ph of normal sweat as 5.02 to 5.71 and McSwiney finds it to be 5.1 to 7.35 in men and 6.57 in women. Adolph (1923) states that the Ph decreases during sweating. In the case described the sweat appears to be unduly alkaline.

The cause of the hyperidrosis in this case is obscure. A hereditary constitutional factor appears to be present; Ormsby and Montgomery (1943) write, "Heredity is a factor in some instances." It appears likely that a psychogenic factor is present also despite the fact that the sweating is by no means confined to the palms, soles and axillæ. It probably works through the autonomic nervous system. There is no evidence of endocrine abnormality.

I wish to thank Dr. E. Forrai for his advice and help for the pathological investigations, Dr. E. Rose for the help on the clinical side, Dr. H. J. Kirkpatrick for the B.M.R., and Major J. D. Fraser for his Psychiatric report.

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## THE BRACKENBURY

Our readers will be interested to learn that last March both the Medical and the Surgical Brackenbury Scholarships were won by one candidate, Mr. M. B. McIlroy. Apart from Dr.

C. M. Fletcher, who won both the scholarships in 1939, we can find no record of anyone else ever having accomplished this distinguished academic feat.

Under the terms of the foundation both scholarships cannot be held by the same man, and Mr. McIlroy has therefore chosen the

Medical. We should like to offer him our most hearty congratulations on this remarkable and almost unique achievement.

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## THE LIBRARY IN MEDICAL EDUCATION

By JOHN L. THORNTON  
(Now serving in H.M. Forces)

The teaching of medicine, as of most subjects, periodically receives attention from critics condemning existing practices, and suggesting alternative methods, which they consider would more effectively achieve the objective. There is not enough clinical work, or there is too much; too many, or too few lectures; the period of teaching should be extended, or condensed, and such like. In this short article it is suggested that the importance of the library is not fully appreciated either by the student or the teaching staff, and an effort is made to indicate the potential value of libraries in medical education.

At present, lectures, demonstrations and clinical sessions comprise the greater part of a student's education, but it is obvious that these alone cannot prepare one for a career. There are good, bad and indifferent lectures, while some students find it difficult to grasp information delivered in lecture form. In most hospitals, clinical material is scanty compared with the number of students, and it is necessary for a student to supplement his knowledge by means of private study. Unfortunately, there is little time left during the day for reading, etc., and it is suggested that library periods might be introduced to advantage. It is necessary for a student to follow up the subjects of lectures and demonstrations, for it is impossible adequately to cover the syllabus solely by these means. During lectures, the opportunity should be taken to refer students to sources of further information, perhaps confining certain periods to discussions on the literature of specific subjects. Practical work also must be supplemented by reading, and it is believed that wider reading, as distinguished from "swotting," should be encouraged. The latter may enable one to pass examinations, but is insufficient for any person really interested in his profession as a career. The wider knowledge distinguishes the professional man from the humdrum general practitioner, and produces the research

worker, the teacher and administrator as distinct from the "tradesman."

Obviously, an adequate library is essential if it is to play its part in medical education. A library is *not* an accumulation of books. It is a carefully selected collection, catalogued and arranged to suit the peculiar requirements of the institution housing it, and administered by a competent librarian. It must be adequately financed, and should receive consideration similar to the teaching departments in this respect. Several medical schools have poor collections of books, are inadequately financed, and are not staffed by trained librarians. They are not providing their students or staffs with the essentials of medical education.

A medical library must contain a selection of current textbooks for examination purposes, for although students must purchase at least one textbook on each major subject, they should also consult alternative sources. Historical works, including classic writings, should receive more attention than at present, while bibliographical reference books are essential to the person undertaking research. Sets of current periodicals are necessary, but as they are expensive, must be carefully selected. In London, the larger medical libraries house extensive collections of journals, which in certain circumstances are available for consultation.

To derive the maximum benefit from a library one must learn how to use it. The use of the catalogue and of the bibliographical reference books must be fully understood, and the librarian should be consulted when one is in difficulty. Having become "library-minded," one can enter any library, and after a preliminary examination, readily track down a requisite volume or subject with the minimum of delay. To research workers such knowledge is invaluable, saving much time, and if acquired while a student, renders the use of the library both instructive and interesting.

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*All contributions for the July issue should reach the JOURNAL Office by June 10th.*

## RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- ADRIAN, E. D. "Afferent Areas in the Cerebellum connected with the Limbs." *Brain*, Vol. 66, Pt. 4, pp. 289-315.
- BLACKBURN, G. "Surgical Problems in Forward Areas." *Brit. Med. J.*, April 22nd, 1944, pp. 556-557.
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- See Roxburgh, I. A.
- D'ALLEN, F. A. "An Unusual Case of Diverticulum of the Small Intestine." *Brit. J. Surg.*, April, 1944, pp. 408-409.
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- See Christie, R. V.
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- ROXBURGH, A. C. See Roxburgh, I. A.
- ROXBURGH, I. A. (and Christie, R. V., and Roxburgh, A. C.). "Penicillin in Treatment of Certain Diseases of the Skin." *Brit. Med. J.*, April 15th, 1944, pp. 524-528.
- See Morgan, H. V.
- SCOTT, R. BODLEY. "The Early Treatment of Wounds of the Chest in the Middle East." *Brit. Med. J.*, April 8th, 1944, pp. 490-492.
- SEDDON, H. J. "Three Types of Nerve Injury." *Brain*, Vol. 66, Pt. 4, pp. 238-288.

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## BOOK REVIEW

A GUIDE TO THE SURGICAL PAPER WITH QUESTIONS AND ANSWERS, by R. J. McNeill Love, M.S., F.R.C.S. (Lewis, 6s.)

The art of passing examinations is almost as important, from the student's point of view, as any of the arts which he is taught in the hospital.

Mr. McNeill Love adds to the few scattered articles and prefaces giving instruction in the vital subject

by setting in his "Guide" 30 "likely" questions of the type unanswerable directly from the textbook, which, together with his few pages of general advice on tackling the paper, make the book a useful six shillings' worth to the hesitant examinee. Provided, of course, he conscientiously refrains from unsealing the answer pages till he has made a determined attempt at the questions.

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## THE LIFE AND WORKS OF JOHN HUNTER

(continued)

By Jeffery Spry Leverton

On Wednesday morning, the sixteenth of October, 1793, the end came with dramatic suddenness—an end that Hunter would surely have preferred to a long, wearying illness, during which he would have been unable to attend to his beloved museum. Some weeks before, two young Scots medical students had come to him and asked to be admitted to St. George's as his pupils. He pointed out to them that they had not had the necessary apprenticeship which the Board of Governors of the Hospital insisted upon. He promised them,

however, that he would bring the matter up at the next meeting of the Board, fixed for the sixteenth of October. That morning, he was in excellent spirits; before starting on his round, he went into the work room and told some of his resident pupils who were there some amusing tales of how children counterfeit disease. A few moments after his carriage rattled away from Leicester Square, Clift discovered that Hunter had left behind his visiting list. Seeing that the first house was in York Street he ran there and met him as he descended



the stairs. Hunter took the list and cheerily cried to his coachman, "St. George's."

He arrived to find the Board already in session. As soon as he could, he began to put the case for the two students before the assembled company. Someone found it necessary to flatly contradict a remark of his. A spasm of anginal pain seized him and he staggered towards the adjoining room. Hardly reaching it, with a loud groan, he fell dead into the arms of one of the physicians who had followed him out. How prophetically he spoke some five years before, when he said: "I am at the mercy of any fool who chooses to tease me." How much enmity existed towards Hunter may be gauged by the fact that no mention of his death was made in the minutes of that meeting and it was not until seven days later that the fact was reported. The Press were equally taciturn. What few notices did appear were short and incorrect, most of them reporting him to have died at his house. However, it must be remembered that the French Revolution was at its height and men's minds were fully occupied with the news from the Continent. Marie Antoinette, Queen of France, was guillotined in Paris that very same day. A contemporary print shows his body being removed from the main door of the Hospital in Mrs. Hunter's sedan chair. Jesse Foot, the agent behind the production of this print, maliciously introduced a couple of magpies hovering above his carriage and pair, which made up the melancholy procession down Piccadilly and so to his house in Leicester Square.

At a quarter past four on the afternoon of Tuesday, the 22nd October, John Hunter was buried in the vaults of his parish church, St. Martin-in-the-Fields. A few of his oldest medical friends and his relations attended the service and watched the great man laid to rest. The sexton's register book reads:—

"Leister Squar. Oct. 22, 1793. M(ale)  
John Hunter Esq.  $\frac{1}{4}$  past 4 o'clock.  
£6.10.2. No candles. No. 3 V(ault).  
Duty 3 pence. C(ert) Apoplexy."

A number of theories have been advanced to explain why Hunter was not buried in Westminster Abbey. It has been said that the offer was made to Mrs. Hunter but that she regretfully refused because the fees were too great. As his latest biographer, G. C. Peachey, points out, "the statement is very questionable for, had it been so, there is little doubt that his executors would have found the money necessary for the acceptance of the honour, and no

contemporary suggestion of such a proposal is discoverable." The rules of St. Martin's forbade the showing of any tablet to his memory and so for sixty-six years, all that was mortal of this great man remained in comparative obscurity in a common vault.

By the terms of his will, his collection, amounting to some 13,680 specimens, was to be offered for sale to the government. On their refusal, to any foreign state or to be sold in one lot. In 1794, Hunter's executors presented a petition to the House of Commons, asking the House to make such allowance for the collection as it was worth. To this, Pitt, the Prime Minister, retorted: "What, buy preparations! Why, I have not the money to purchase gunpowder." Eventually in 1799, the House granted £15,000 for the collection—a collection costing Hunter £20,000 and worth, if it could be valued in coin, many times more. However, such was the state of lay medical knowledge and such was the belief in quack medicines that, as Mr. Mortimer Woolf states in his paper, a few years before the House refused to buy Hunter's collection, it sanctioned a considerable draft towards a total of £5,000 to enable the prescription of a quack medicine to be made public. Not only did Joanna Stevens receive £5,000 but she was awarded a certificate, signed by twenty distinguished people, including Cheselden, Sir Caesar Hawkins and Dr. Samuel Sharpe!

For safe keeping the collection was offered in turn to the College of Physicians, the Royal Society and the British Museum. All declined, but the Corporation of Surgeons, soon to become the Royal College of Surgeons "accepted it with joy." For some years it remained at No. 12 Leicester Square, but in 1806 it was removed to Lincoln's Inn Fields, its permanent resting place.

It was some time after Hunter's death before men began to realise just what a loss the nation had sustained. Honours began to pour posthumously upon his head. The Royal College of Surgeons, in 1813, instituted a yearly Hunterian Oration and later, Hunterian Professorships. Year by year, the oration has produced new facts about his life, new aspects on his work; and more latterly (since Ottley truly said that it became yearly more difficult to find new facts about his life) the orations have demonstrated how much his work influenced, and still influences, the course of medical progress. It is much to be hoped that the tradition of the Hunterian oration, now given in alternate years, will never cease but continue until time is no more. In 1819, the Hunterian

Society was started, to commemorate his work. It, too, has a Hunterian oration, although of a slightly less formal type. The tradition of the Society is to still meet, as it did when first founded, in some City tavern and there, after dinner and over the port, the paper is read. Until the present war, this Society was one of the most flourishing of London Medical Societies.

In 1859, Francis Buckland, one of Hunter's most enthusiastic followers, read in the "Times" that it was the intention of the authorities to re-inter the coffins in the vaults of St. Martin-in-the-Fields. At a commemorative dinner a little later, he brought forward the suggestion that then was the opportunity for the final honour to be paid to his Master—that he should find a final resting place in Westminster Abbey. For nearly three weeks he daily searched for the coffin of John Hunter. Peachey records the scene. "The time came when 3,260 coffins had been removed and only five remained, two lying side by side upon the floor and three, one over the other, in a corner of the vault. 'I could see the names on all these coffins except two,' Buckland wrote later, 'and my chance therefore was limited to these.' It must have been a tense moment when on the 22nd of February, 1859, the workmen, standing at the head and foot of the uppermost coffin of the three, slowly moved it away so that Buckland might see the name upon the one immediately below it: and it is impossible to describe the infinite satisfaction which he must have experienced on beholding the object of his search."

The re-interment took place on March 28th, 1859; the site selected being in Abbot Islip's Chapel, between the graves of Wilkie and Ben Johnson. No service was read, but the Dean of Westminster was present and so was a grand-nephew of John Hunter—Professor Owen, Buckland and a few others.

Ben Johnson was buried upright. One explanation was that he wanted to be ready for the Resurrection! When Hunter's grave was been dug, the skull of Johnson, still with red hair upon it, rolled into the excavation. This had also happened ten years previously, when Sir Robert Wilson was buried close by.

During the course of years, the Royal College of Surgeons has added to Hunter's original collection of some 13,800 specimens. For nearly a century and a half that great collection, beautifully arranged and catalogued, with its many more recent additions, has been a source of knowledge and inspiration to countless millions of men and women, members of the

profession and lay public alike. The cataloguing of the original specimens was mainly the untiring work of William Clift, Professor Owen and Sir James Paget.

In the spring of 1941, the drone of German bombers was heard nightly over the rooftops of the City. In one single night, by bomb and fire, that magnificent collection was destroyed. A mere 3,000 of Hunter's original specimens remain intact. His portrait by Sir Joshua Reynolds is safe. Happily, O'Brien too, smiles grimly in a place of safety—rumour has it that he is at the bottom of a Welsh coalmine! The College presents a gloomy interior, hall after hall empty and blackened. Hunter's statue is still there, encased in brick work. Its shell sustained the full force of the collapsing roof and the heat of the inferno. It remains until better days to discover whether the statue itself has been damaged. If ever the shade of John Hunter should wander through these empty silent halls, would he shake his fist in impotent fury or would he smile grimly and rest content? Content in the knowledge that for one hundred and forty years his life work remained here and did much good; I think the latter.

In the north side of the nave of Westminster Abbey, there is a brass plate let into the ground. In these days, the Abbey is dark and many people must walk over it unheeding. But it marks the grave of John Hunter and on it, beneath his coat of arms, is written this final tribute to one of the greatest men that our profession has ever known:

O Lord, How Manifold Are Thy Works.

Beneath

are deposited the remains of

JOHN HUNTER

Born at Long Calderwood, Lanarkshire, N.B. on the 13th of February, 1728.

Died in London on the 16th of October, 1793. His remains were removed from the Church of St. Martins in the Field to this Abbey on the 28th of March, 1859.

The Royal College of Surgeons of England have placed this tablet over the grave of Hunter, to record their admiration of his genius as a gifted interpreter of the Divine Power and Wisdom at work in the Laws of Organic Life, and their grateful veneration for his services to mankind as the Founder of Scientific Surgery.

In Wisdom Hast Thou Made Them All.

During the preparation of this Essay I received a great deal of help from several members of the Hospital. I am glad to take this opportunity to acknowledge that help. I am indebted to Dr.

Coughtree, Librarian to the Hospital, for advice and help in the early stages of collecting material; and I am especially indebted to Mr. A. E. Mortimer Woolf, F.R.C.S., sometime President and present librarian of the Hunterian Society, who showed me every courtesy and spared neither encouragement, time nor trouble.

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## CORRESPONDENCE

## THE WHITE PAPER

To the Editor, *St. Bartholomew's Hospital Journal*  
 Dear Sir,

The White Paper is so vaguely drawn up that exact criticism of it is difficult. The timing of its introduction is, however, definite, and in my opinion indefensible.

Most of the younger members of the profession are busily engaged in the Forces; most of the older members are as busily engaged in war and other essential work.

These facts make it extremely difficult either to examine the position fully or to suggest planned and detailed alternatives, or to co-ordinate action in relation to resisting what is or what may be bad in the Government's proposals. It is hard to see in what way the subject is not controversial; and yet the Government is pledged not to introduce controversial

peace-time legislation during the war. Perhaps between both parties there is non-controversial agreement that the doctors are "fair game."

The profession, even if it is too busy to determine matters of detail, can at any rate agree upon the following points:—

- (1) Science is greater than politics.
- (2) Science therefore must remain free from political control.
- (3) In any proposed State reorganisation of medicine all medical men, even whole time, must retain certain essential freedoms. These are complete freedom of speech and criticism of all medical and scientific matters; freedom to elect their own representatives to any such bodies as the Central and Local Boards or Health Services Councils.—I suggest that these

points be insisted upon as essential prerequisites before any negotiations between the profession and the Government are started.

- (4) Experience of all Government services has taught those who were hitherto ignorant of the fact that the routine, the form-filling, and the precedent-worshipping proclivities of bureaucracy are diametrically opposed to these qualities which vivify science.

It would thus seem clear that any State medical service, particularly if it is likely to become complete and comprehensive, must be planned slowly, almost diffidently, and with the utmost care, in order that the best features of British medicine may survive.

The profession might be justified in demanding a postponement of the subject, in order that a con-

structive and properly thought-out scheme might be evolved, with the help of the younger men, now serving in the forces, in the immediate post-war period.

That there is room for much reform everyone is agreed. But medicine is not the only profession in need of such reform.

Politics itself cannot escape criticism; nor is the Civil Service a mechanism renowned for speed, economy, or flexibility.

I am, Sir,

Yours sincerely,

GEOFFREY BOURNE, M.D., F.R.C.P.

47, Queen Anne Street,

W.1.

May 8th, 1944.

*To the Editor, St. Bartholomew's Hospital Journal*

Dear Sir,

May I make use of your columns to touch upon several points both for and against the proposed Health Service.

Even those of us whose clinical experience is minimal must have come across patients *in extremis*, who, had they had means of support for their wives and families, would have entered the hospital for successful treatment several years earlier. We all know of cases who are forced to curtail their convalescence for the same reason. Every hospital in the country daily admits cases, the aetiology of whose condition springs from overcrowding, bad housing, poor working conditions, and a great many other social evils which cry for redress. Many of these have been pointed out and methods devised for their redress by such skilled social scientists as Sir William Beveridge. It can only be deplored that the sincere work of such able men may be employed as a tool in political machinations. There seems some possibility that the present spate of Educational, Social and Medical White Papers may be used as a catch-vote in the post-war elections. Of all these new schemes the proposed Health Service is the least fundamental and at the same time probably the least expensive to carry through. What guarantee have we, therefore, that a post-war government will not shelve the more expensive but more necessary measures in an attempt to maintain budget popularity. As a sole measure the regimentation of the medical profession seems unlikely to decrease the mortality rate of tuberculosis.

Until the more urgent social reforms have been made it would surely be wiser to increase the panel system to include the wives and families of those who already enjoy its amenities. I have it on good authority that none of the Health Services of various other countries is entirely satisfactory, but surely this is all the more reason why they should be thoroughly investigated and their flaws exposed and examined. This is not a matter that can be dealt with at short notice nor in war-time conditions, and until such investigations can be made it would seem preferable to embark upon admittedly make-shift reforms rather than attempt a hastily thought up and revolutionary scheme which may not come off.

The standing criticism of the present system is the ratio of time and care devoted by many G.P.s between their panel and private practices. Were the capitation fee to be raised only a little there would be many practitioners only too willing to become full-time National Health doctors. As many already know, and we, in the fulness of time will discover, a high gross income soon dwindles when the recipient is paying for his practice and insuring for the education of his children, the security of his wife and the amenities of his old age.

I am, Sir,

Yours sincerely,

DENIS MERRITT.

The Abernethian Room,

St. Bartholomew's, E.C.1.

May 11th, 1944.

## MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY

*To the Editor, St. Bartholomew's Hospital Journal*  
Sir,

This letter is prompted by a desire to make known to Medical and Dental Practitioners what attempts are being made to safeguard Insurance benefits in the varying conditions of war at home and overseas. We, as Directors of the Medical Sickness, Annuity and Life Assurance Society, feel that it is of vital importance that members and non-members alike should know of the beneficial concessions granted by the Society to the professions which it serves.

Sickness and Accident Policies have always excluded claims caused or aggravated by war. This is a very wide clause, and so unsatisfactory that the Society now looks upon all claims not directly due to enemy action as covered by the ordinary conditions of the policy, while those directly due to enemy action are

dealt with by an *ex gratia* payment.

*Ex gratia* payments are made for incapacity due to enemy action, full benefit being paid for 13 weeks, with reduced benefit for a further 13 weeks and reconsideration thereafter. If the incapacity arises in the United Kingdom benefit begins at once, while if it arises overseas it commences from the date of embarkation for the United Kingdom. Those who hold Deferred Benefit Policies are eligible for the same benefits if incapacity persists at the end of the deferred period, which is deemed to start on embarkation for the United Kingdom if the incapacity arises overseas.

Service members at home are paid benefit for all incapacity not due to enemy action. In addition to this, although benefit in pre-war times was restricted



to the United Kingdom, except for small concessions on the Continent of Europe, claims not due to enemy action are now paid in any part of the world while under in-patient treatment in hospital, or from the date of embarkation for the United Kingdom if invalidated home.

Prisoners of war are exempted from payment of all sickness premiums until they are repatriated, when they can, on arrival home, again bring the policy into full operation without further medical examination.

As regards Life Assurance all pre-war Whole Life and Endowment Assurances are issued without restrictions, but since the war a standard exclusion has been adopted by many Life Offices. This limits the payment in the event of death directly or indirectly due to war to the return of premiums or payment of the surrender value, whichever is the

greater. We have now resolved in principle to limit this exclusion to death directly due to enemy action, and it is hoped to pay in full all other claims whether arising on service or not.

R. J. McNEILL LOVE,  
*Chairman.*

G. ROCHE LYNCH,  
CECIL P. G. WAKELEY,  
A. H. DOUTHWAITE,  
L. BROMLEY,  
A. HOPE GOSSE,

*Directors.*  
BERTRAM SUTTON,  
*Manager and Secretary.*

Highfield,  
Chesterton,  
Cirencester, Glos.  
April 17th, 1944.

\* \* \*

## ROUND THE FOUNTAIN

### DISCUSSION ON THE WHITE PAPER

*Tuesday, May 9th.*—Only a three-line party whip would have produced in the House as full an attendance as weighed down the sturdy benches of Charterhouse Square this mild and sunlit summer's evening. The sector gave up its ghosts and the audience was enriched by an intermingled ladies' gallery some twenty strong. But lecture habits die hard, and Dr. CHARLES HARRIS, who managed the speakers and the meeting with the same genial charm as he manages his children, called to the front in his customary style these retiring souls who had, in *their* customary style, concentrated round the back row and exit.

Dr. MALCOLM DONALDSON received an appreciative cheer as he arrived, but only to sit among the back-benchers. A veil of quiet dropped over the house when the Treasury Bench, which had been gathered together by Mr. DENIS MERRITT, filed in to take its places, and the audience settled themselves down in the feeling of comfortable anticipation such as precedes first nights, seven course dinners and Mr. Churchill's speeches.

Dr. GEOFFERY EVANS set the ball rolling, and with a skilful and vigorous break on it. He started off by saying no one really knew how the White Paper would effect the hospitals or any other part of our present medical services. The Paper contained a State Medical Service *in embryo*, and its eagerness to encourage the survival of the Voluntary Hospitals and of private practice simply that cunning and familiar old fish the red herring. He thought that the direction and control of the Government scheme would be invested in the local authorities, which followed on the ten-

dency in recent years of local government administration to be dominant over central; but now he looked on the Government's proposals concerning milk and water supplies as straws in the wind that was blowing us back to centralisation. The objection to the control of doctors by local authority lay mainly in the prospect of regimentation and the slow, heavy government this kind of authority dispensed, while to add a little emphasis to his point he exhumed a couple of cases of murky local misgovernment from their recent shallow graces.

He believed doctors should dissociate themselves from politics altogether, but he foresaw that the "new doctor-patient relationship" would be simply the loyalty of the doctor to the State, while as the patients would have to accept whatever medical advice was handed out to them, they would all come to live under the thumb of their doctors. We must have a single service with independent opinions, he said, but he feared the Government's setting up Path. labs. and X-ray centres all over the country would strangle both the Voluntary Hospitals and private practice.

But these are just printed words, and what good are printed words to record the sayings of Dr. GEOFFREY EVANS? It's like reading the score of an opera. Those of you who have sat at his feet in the lecture room will understand how much laughter exploded from the packed benches, and why Mr. IVOR ROBERTSON'S large white handkerchief so often fluttered out to dab his eyes.

Mr. ROBERTSON himself next warned the house that the Public and the Government had made up their minds to have a National Health Service and pointed to long waiting list and

full waiting halls as two of the anomalies of the present system. He said that so far discussions on the White Paper had been confined to details of the scheme and to obscure principles lying behind it. The Government and Press had been pumping a large amount of subtle propaganda into the public on the delights of a "free for all" service, and the spectacle of the preservation of the Voluntary Hospitals and private practice was a gross misrepresentation. He thought the profession should issue a manifesto proclaiming agreement with the idea of better treatment for all, and we must produce definite counter-proposals to the White Paper, much of which would have to be modified. He ended by agreeing with the Government that organisation should come from outside the profession, but safeguards for the doctor should be introduced.

He was followed by Mr. DAVID PYKE, President of the B.M.S.A., who probably felt like an early Christian taking his first hesitant step towards the Roman lions. He confined himself to explaining the questionnaire we have been so busy filling in recently.

Dr. GEOFFREY BOURNE explained with his well-known charm and his well-known politeness his well-known distaste for politicians. His points can be more easily read and appreciated in his letter which honours this month's correspondence columns. We felt very flattered when, after re-dividing the human race into the two classes of young and old, he attributed all the good qualities of character to the former. This after teaching medical students for so many years, too! He also introduced us to an absorbing new complaint that hasn't yet found its way into Price—*Erythrotæniasis*, or infection with the Red Tape Worm.

Question Time went on for an hour after the last speaker had finished, and turned into a vigorous and non-stop affair giving the impression that most of the audience had very definite views on the White Paper themselves which they would like to express sometime.

In order to prevent anyone developing a gastric ulcer Dr. HARRIS skilfully brought the proceedings to a close just in time for a late dinner. We carried out into the fresh air with us four impressions:

- (i) It was a fine, though limited, opportunity to express (and form) views on the White Paper.
- (ii) It can have no direct effect one way or another on the future of the White Paper, as indeed it wasn't intended to.
- (iii) If we object to the Government's

scheme, the medical profession (including students) must combine to fight it—tooth and nail.

And (iv) What wise men, and what brilliant speakers, are to be found among those who have devoted their talents to Medicine.

#### VIEW DAY, '44

*Wednesday, May 10th.*—Those of you who are now far away from Smithfield may like to hear something of the latest invocation of the ghost of our former View Days.

To-day only a handful of expectant spectators were to be seen clustering round the fountain, which was for the occasion excused its wartime penance and allowed to break into a half-hearted drizzle. One or two ladies in afternoon frocks, and the still-fresh green leaves on the plane trees did something to brighten the drabness that has settled on our wartime square, though they were aided sporadically by the button-holes of R.S.Q., few of which had been allowed to remain uncultivated. Dr. Scowen's firm sported in their lapels fresh green-and-white splashes of lily-of-the-valley, while the appearance of the JOURNAL's urbane Manager with a magnificent pink bloom sent a warm, rosy glow round the confining walls.

The sun that warmed the Straits of Dover glinted on the Beadle's staff as the little procession left the Steward's office for the Surgery, passing *en route* the spot which once reminded us that Art is Long but Life is Short, until a German bomb laid emphasis to the second part of the motto at any rate three years ago.

One of the porters who guarded the doors with the zeal of the Berchegarten Gestapo told us this was his twenty-fifth View Day. Before the war, he said, there were coconut shies and all kinds of things. "And a beer-stall over there on the pavement by the West Wing," he added, as we sadly regarded the now barren asphalt, "always sold right out by five they were."

Towards three-thirty six or seven members of the Staff appeared in little knots under the archway and in the square. A few visitors, one or two suited students, and some nurses in shining fresh-starched aprons collected at the mouth of the colonnade, waiting to retrace the footsteps of the shortly-expected procession. This body re-emerged with a fine sense of timing with regard to tea, and gathering disciples in its wake like a gentle avalanche packed itself into the Great Hall, where the young ladies of the diet kitchen had got the pot warmed and the kettle boiling.

We set off to find a traditional ward tea party, following a crowd of hungry-looking

dressers into their sister's sitting room, which was jammed full of people doing balancing feats with buns and cups of tea.

Sister had seen eleven View Days, she told us, and was such a charming hostess it seemed a pity she only had one day a year in which to play the rôle, though probably she herself was by that time considering once often enough.

We stood and champed cake thoughtfully with our colleagues for a bit, enjoying the

unique sight of sister and nurses in uniform getting down to a quiet smoke over their cup of tea, until it came to the time when the company begin brushing the cake crumbs off their jackets, and View Day, as ever, started to peter out in a trickle of good bye's and thank you's.

Another utility View Day, this, our fifth to date. How long until the frills can go on again?

### At HILL END

If Hill End were peopled with any race other than the impossibly sane, unbelievably imperturbable English, we would now have something dramatic, something sensational, some "I was there" article to send to our Editor. Standing in the face of a military struggle of unprecedented magnitude, the results of which will certainly affect every human individual and may well prove as cataclysmal for the one side as the other, we should be able to tell of Frenchmen indulging in an orgy of ferocious patriotism, of Germans methodically organising for every conceivable eventuality, of Russians impassionately carrying out a preconceived plan in an atmosphere of ant-like self-sacrifice impossible for the egoistical West, but of the English . . . they had a cricket match.

Dressed in immaculate white and a dazzling combination of multi-coloured caps and blazers, Mr. Willoughby-Daniel's team received a sound beating at the scrubbier but more proficient hands of the regular Hill End players. The scene was inevitably conservative—the white figures shimmering in the green heat haze, the white-coated umpires fast asleep, the click of the shattered wickets (rather more frequent than usual, due to the unmannerly speed of the Hill End bowlers)—and yet all the time the air was alive with the subdued and ominous rumble of high-flying bombers.

Our meetings on the White Paper could be epitomised by the phrase "Aspect on Politi-

cians." Dr. Bourne delivered a diatribe of such virulent intensity that any scheme more comprehensive than an extended Insurance system was remorselessly withered away, while the reputations of politicians in general and in particular were reduced to whitening bones in a desert of exposed intrigue. Under the more benign influence of Professor Ross the chances of survival were greatly improved, and even the decadent cabbage of complete co-operation would have flourished if the Treasury had watered it a little more profusely. But the charms of the languorous Spring evenings proved too strong for the majority on both occasions.

The May Day dance, held in an atmosphere of long frocks and coloured lights, was the best dance Hill End has seen for some time. The dancers swung to and fro to the primitive wail of the saxophone, outgrown dinner jackets plied cakes and lemonade from table to table, here was an atmosphere of pleasure and enjoyment, and after the music had stopped and the laughing couples had filtered arm-in-arm into the night, there was a certain air of weary peace. Outside the long white beams of the search-lights wandered restlessly among the stars.

Surely Sir Edward Coke should have added "The Englishman's lack of awareness makes him an impregnable fortress in himself."

P. J. B.

### At FRIERN

Be not discouraged, my boy. I understand your tears and your anxiety. But take heart: there are many who have trod the same way, who have learnt to love the place you now behold for the first time. Do not let your thoughts become your master, lest all be lost. Gird up your loins, rise above yourself and look further than the petty horizon of mental confines: Seek what lies beyond the abyss of dark-

ness, stretch forth ever further into the unknown. You are letting reality drag you down and warp your outlook. Your vision of the unknown is imperfect for you are as yet looking through the glass: you must realise that the glass which, by its very squalor, distorts your vision is, in itself, only the panel of the door, the door you cannot unlock. Seek ye, then, the guardian who keeps the key, that he may unlock

the door and let you pass. By so doing you will see the distant light clearly, and you must then set out on the great journey. You can see the light now, but it appears to be afar off. Enter ye the tunnel, be not dismayed by its length and you will, with true perseverance, with steadfast step and mind, cover the ground and finally emerge into the light. But a strong heart must be yours, for there are those who will beset you on your way, who will use their divers tricks and cunning to make you falter in your step: and, as you proceed, you will find their attacks will grow more relentless. They are not of that sort which will be turned back by failure. They will haunt you, they will follow you, they will call forth strange and terrible invocations on you, and they will even attempt bodily assault on your person. However, you, being forewarned, will be quick of eye and quicker of movement, and, by your speed of action, shall escape these assaults and press on, on, ever on towards the far light. You will be weary ere long, but here be ye warned against those who would tempt you with suc-

cour, and who would comfort you and minister unto you. The temptation to stay will be great, but your purpose must be sufficient to make you spurn their advances, to cast them aside without as much as a wayward look. Indeed, 'tis better that you should fix your eyes on the distant light, for the knowledge of what lies beyond will give you the strength you need in your distress. Close not your eyes, nay, nor even one at a time, as, you pass these fair bearers of victuals, lest you take upon yourself more than it is within your powers to handle. My son, I know you, I know you well. Be ye warned by these the words of one who has traversed the tunnels, who has seen the light afar off and who has, with perseverance and unity of purpose, finally gained the light. Their journey is not easy, but I have confidence in full measure that you will survive the terrors that lie before you and that, these things accomplished, you will yet be in time for the ward-round.

R. Mc.G.

### DERRY GARDENS

DERRY GARDENS will again be open in aid of Bart.'s from Monday, July 3rd, to Friday, July 7th next, now for the sixth year in succession.

These unique gardens, a hundred feet above street level and covering over an acre and a

quarter, are well worth a visit from anyone condemned to spend the summer in London. They will be open from 9.30 in the morning till 6 at night, and the nearest Underground station is Kensington High Street.

The swallows returned last night, and this broad announcement of the advent of Summer should provide us with a topic worthy of a news-letter. But we believe that your patience would be sadly overtaxed by the elaboration of such a theme. Too many punts, crowded with a rainbow-like galaxy of colour, have drifted down from Grantchester in these columns. There have been far too many elevated effusions, syrupy with sentimentality, painting Cambridge as the "resort of ritual pleasure." A possible alternative would be an ethereal impressionistic description in the style favoured by some JOURNAL correspondents; its advantage lies in that it need have no direct bearing upon any outstanding news items, which, just now, are absent from this arena. For, you see, an epidemic of "examination nerves" is upon us, and, for once, our much-advertised apathy seems to find itself an excuse.

In fact, it is only that rare bird—the really

ardent soldier—who can record a term of uninterrupted pleasure. He has been able to spend his week-ends, and some of his week-days, in the guise of an enemy parachutist scouring the country side from Dan to Beer-sheba seeking whom he may devour. He has saluted soldiers all around the town. He has slept in a variety of unlikely places that have shared but one thing in common—extreme discomfort and coldness. One such operation was notable in that the troops under the command of one of our leading militarists did not have to swim a single river during the course of the night, an occurrence which, so we are informed, is almost unprecedented in their career. Perhaps the rumour that the little red car was not amphibious after all had something to do with it.

We had hoped to have been able to serenade King Willow, but, unfortunately, the season is still in its infancy. However, the cricket



club has already made history by turning up to a match with twelve players, but the game was cancelled. It is not long ago that the rugby club played a game with sixteen men and got away with it. This is much more risky in the case of cricket; perhaps it might be managed if the twelfth man played under the "nom-de-guerre" of "Extras."

Passing an animated group of Bart.'s men on the steps of "the battleship" the other day (we knew that they were Bart.'s since they exhibited that peculiar shyness towards the use of the razor so prevalent amongst us), we overheard a conversation in which the words "one thousand, two hundred" played a prominent part. It transpired that the B.M.S.A. questionnaire on the Government "White Paper" had just been issued, and the controversy concerned the young doctor's initial salary in a National

Health Service. Although these astronomical gentlemen's hopes may be impracticable, it does indicate that "the penny has dropped" and the "White Paper" has become more real to us in Cambridge. A representative number of questionnaires have been issued, and, it is hoped, most of these will be returned.

We must be on the move again if we are to be sure of that seat behind the pillar. There is much competition for it since one of the Departments shocked us deeply one Monday morning by introducing a new style of lecture which has eliminated the passive sit-back-and-listen-and-maybe-doze tactics of most of us in bygone days. So to end, is this month's remark, made by Dr. A——r in a Chemical Pathology lecture: "That's the commonest story I know."

P. J. C. C. and D. K. T.

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## ANNOUNCEMENTS

### MARRIAGES

**RAIT-SMITH—POTTER.** On March 11th, Brian, younger son of Mr. and Mrs. W. Rait-Smith, of Redhill, Surrey, to Eva Daphne, younger daughter of the late G.P. and Mrs. Potter, of Tullochgorum, Tasmania.

**JEPSON—BLACKLOCK.** On April 15th at St. Bartholomew's-the-Great, the marriage took place quietly between L. Frank Jepson and Joan A. H. Blacklock, Q.A.R.N.N.S.(R.).

### CHANGES OF ADDRESS

We must apologise for the unfortunate typographical errors that occurred in the announcement of Mr. Cortlandt MacMahon's change of address in last month's JOURNAL.

The paragraph should have read: Mr. Cortlandt

MacMahon, 2, Upper Wimpole Street, W.1. (Welbeck 2488.)

**TRUEMAN,** Raymond S., has started as a consulting surgeon at 1, C.N.A. Building, East London, South Africa.

### E. & S. LIVINGSTONE LTD.

We must apologise for the errors occurring in the advertisement of E. & S. Livingstone, Ltd., in our April number, which were due to circumstances outside the control of the Editorial Staff.

"The Combined Textbook of Obstetrics and

Gynaecology" should have been attributed to Kerr; the Authors of "War Injuries to the Chest" are not Davies and Cooke, but Davies and Coope. Furthermore, we realise "Jurisprudence" is not spelt with an "e."

## SPORTS NEWS

### RUGGER

#### *Hospital Seven-a-sides. Richmond.*

After probably one of the worst seasons in the history of the hospital, we came to the Seven-a-sides at Richmond with the intention of vindicating ourselves to some extent.

We were fortunate enough to draw a bye in the first round, and so went straight into the quarter finals where we met Charing Cross Hospital. This was a one-sided match, and after scoring two quick tries in the first half (both being converted) we settled down to reserve our strength in the second half. The final score was 13—0.

In the semi-finals we met St. Mary's. This match was by all accounts one of the best of the afternoon. We pressed hard right from the start, and looked like scoring when a dropped pass allowed St. Mary's to take the ball to the other end of the field, where they remained and finally scored. Half-time 3—0. In the second half St. Mary's superior speed and handling told, and they scored twice more, but the game went from one end to the other. Our forwards, notably Corbett, played magnificently and crossed the Mary's line, only to be brought back for a knock on. Final score 9—0 to St. Mary's, who were the

final winners of the competition.

*Middlesex Seven-a-sides. Richmond.*

This tournament was played in brilliant sunshine and considerable heat. We played Twickenham, and the whole side appeared to suffer from narcotism. In the first half Twickenham scored and converted once. In the second half we woke up to some extent,

and after allowing Twickenham to score once more pressed hard for the rest of the game. Pitman finally broke away and passed to Jukes, who scored, the try being converted. Soon after, the final whistle went with us still pressing hard. Score 10—5.

The final winners—St. Mary's.

## SOCCKER

*v. Guys. Lost 10—0.*

A defeat of such considerable magnitude requires no little explaining away. Our imaginative faculties have failed to rise to the occasion. Abandoning the attempt we print instead the truth.

It was a misfortune to lose the toss and have perforce to open an urgent encounter with the disadvantage—if small—of playing into the sun and against the slope. And the misfortune became a calamity calculated to unnervise even the most phlegmatic of teams when we found ourselves down by two goals within the first ten minutes. Such a circumstance would have presented a grave omen to any team matched against opponents so redoubtable as Guys. Nevertheless, for the remainder of the first half the play was brisk and even. Thanks to the tenacious agility of Dallas Ross, though our goal was often threatened, they scored only once more before half-time. At this point, indulging in an especial exacerbation of vigour, Ross plunged lengthily forward with the laudible intent of fisting the ball clear of the goal mouth. By an unfortunate misdirection of effort, his punch failed to locate the ball, but, with creditable pugilistic exactness and power, succeeded in felling Walker with a blow to the point of the jaw. In so doing he suffered damage himself and was incapacitated for the rest of the game. In consequence the second half was a miserable affair. Pine took Ross' place in goal, and we finished the game with four forwards. Guy's rate of scoring increased in almost geometric progression, the last three goals coming within the last few

minutes of the game.

Notwithstanding the disparity between the sides, the game was an enjoyable one. Position for position, with few exceptions, we were outclassed and outplayed. In addition, the strategy, speed and thrust of their attack quite bewildered our ingenuous defence; while the stolidity and covering technique of their halves and backs continually thwarted the efforts of our forwards. It would be invidious to particularise upon individual performances for everyone tried hard; but it did seem that the defence as a whole played with less co-ordination than it has done on occasions before, and that the attack, though for the most part at its best, was not sufficiently willing to question the right of their defence to possession of the ball following goal-kicks and clearances—admittedly often wild—from our goal area.

Thus has come about the inglorious consummation of the club's brave hopes and aspirations. But perhaps it was over-ambitious to hope to reach the Final of the Cup Championship in this, its first year of resurrection. Rather than feel mortified, we suggest that it should congratulate itself upon surviving at all the pangs of re-birth and upon acquitting itself not entirely without distinction on the field of battle.

Thanks are due to Dr. Harold for the original happy inspiration which led to the reconstitution of the club, but no one is more deserving of praise than the Hon. Sec., Dallas Ross, whose Herculean labours throughout the season we have observed with admiration and gratitude.

## HOCKEY

### EASTER HOCKEY FESTIVAL AT LENSURY.

Once again we appeared over Easter at Lensbury to take part in the Hockey Festival; as usual we were made very welcome and were provided with some excellent hockey.

*Saturday, April 8th, v. National Physical Laboratory. Drawn 1—1.*

In this game we were fortunate enough to secure the services of Ralph Heyland, who was at his old position at centre-forward. He celebrated his return to the side by scoring a grand goal in the first half with a shot that will make the goalkeeper tremble whenever he thinks about it in the future. Our forwards in this game were very energetic, and Brazier in particular had bad luck in not scoring on several occasions. We held our goal lead until the second half, when our opponents equalised. There was no further score by either side, and a draw was a fair result in a very even game.

*Easter Sunday, v. Kingston Grammar School. Lost 0—1.*

This game was played in the morning. We very soon found that our opponents were younger and fitter than ourselves—added to this they obviously had gone to bed much earlier than we had the night before! However, we gave them a very good game

and almost defeated them. Their goal came at the end of the first half after a very nice bout of passing by their forward line, which incidentally we had reduced to four men by laying out their centre forward. Stout defence by Fison and McIlroy prevented further goals, and towards the end Harrison and Giles both nearly scored for us, but when the final whistle went we were still one down.

*v. G.W.R. Lost 0—1.*

We played this game after lunch, which may have accounted for our somewhat lethargic exhibition in the first half. Fison produced an orange at half-time, which he carved up and handed round, and this was obviously what we needed! In the second half we were new men; we not only made contact with the ball, but we hit it towards our opponents' goal, and Fyfe seemed very keen on putting it in their net. However, we seemed unable to score despite repeated efforts, and we unfortunately allowed the G.W.R. near the end to bang one in. This was a game which we should have won quite easily, and it was no fault of our defence that we didn't.

Despite our unimpressive record this year at Lensbury we had a first-rate week-end, and would like to thank the organisers for a very enjoyable time.